

Attachment [B]

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:	Social Security #:
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.	
Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
Are there any civil proceedings pending against you or civil judgements entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
Have you been convicted of or entered a plea of Nolo Contendere to a felony?	() Yes, attach explanation () No
Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	() Yes, attach explanation () No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
Have you been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties?	() Yes, attach explanation () No
Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No
I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.	
I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.	
<div style="text-align: right;">_____</div> <div style="text-align: right;">Signature</div>	
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.	
AT: _____, _____ (CITY) (STATE or COMMONWEALTH)	
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:

Attachment [C]**EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. (*Attach additional sheets, if necessary*)

NAME: _____

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

Attachment [D]**LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. (*Attach additional sheets, if necessary*)

NAME: _____

Residential Address	Start Date	End Date